

MICHIGAN BIRTH DEFECTS REGISTRY
"CYTOGENETICS" REPORT

1. NAME OF CHILD (Last) (First) (Middle initial)

2. IF THE CHILD HAS BEEN IDENTIFIED BY ANOTHER NAME (AKA - also known as)

3. CHILD'S CURRENT STREET ADDRESS _____
CITY _____

APARTMENT No. _____
STATE _____

P.O. BOX No. _____
ZIP CODE _____

4. CHILD'S SOCIAL SECURITY No. (if known)

6. MEDICAL RECORD No.

8. SEX
☐ Male
☐ Female
☐ Undesignated

10. PLURALITY
☐ Single
☐ First
☐ Second
☐ Third or More

5. CHILD'S MEDICAID No. (If known)

7. DATE OF BIRTH
(Month) (Day) (Year)

9. DECEASED
☐ Yes
☐ No

11. HOSPITAL - PLACE OF BIRTH

12. MOTHER'S LAST NAME FIRST NAME M.I. SOCIAL SECURITY No.

13. HOSPITAL - PLACE OF DIAGNOSIS CITY STATE

14. CYTOGENETICS - DESCRIBE FINDINGS

ICD - 9 - CM CODE

15. NAME OF LABORATORY

CITY

16. LAST NAME OF PERSON COMPLETING THIS FORM
(LAST)

FIRST NAME OF PERSON COMPLETING THIS FORM
(FIRST)

TELEPHONE NUMBER

DATE COMPLETED

____ (Month) ____ (Day) ____ (Year) ____